FORM PTO-1083



## Perkins Coie LLP P.O. Eox 1247 Seattle, Washington 98111-1247 Phone (206) 583-8888 Fax (206) 583-8500

CP 3725

Docket No.:

Date:

31957-8004US1 October 23, 2000

In re application of:

Lloyd Fladgard and Scott Fladgard

Application No.:

09/436,790

Filed:

November 8, 1999

For:

HAND-HELD CUTTING TOOL FOR CUTTING FIBER-CEMENT

**SIDING** 

COMMISSIONER FOR PATENTS WASHINGTON DC 20231

Sir:

Transmitted herewith is a Response in the above-identified application.

Applicant claims small entity status. See 37 CFR 1.27.

X Applicant has previously claimed small entity status. See 37 CFR 1.27.

A Petition for an Extension of Time for two months is enclosed.

A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.

No additional claim fee is required.

The fee has been calculated as shown.

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	(Col. 1)		(Col. 2)	(Col. 3)		
	CLAIMS					
	REMAINING		HIGHEST	PRESENT		
	AFTER		PREV. PAID	EXTRA		
	AMENDMENT		FOR			
	*		**			
TOTAL	24	-	27	0		
	*	-	***			
IND.	14	-	22	0		
[] FIRST PRESENTATION OF MULT. DEP. CLAIMS						
TERMINAL DISCLAIMER						
EXTENSION OF TIME FEE						
TOTAL AL	DDITIONAL	FEE				

SMAl	LL ENTITY			R THAN A L ENTITY
RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
x 9	\$ 0		x 18	\$
x 40	<b>S</b> 0		x 80	\$
+130	\$ 0	OR	+260	\$
	\$ 55			
	\$ 195			\$
	\$ 250	TOTAL		\$
		]		

<sup>\*</sup> If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

[X] Please charge my Deposit Account No. <u>50-0665</u> in the amount of \$<u>250</u>. A duplicate copy of this sheet is enclosed. A check in the amount of \$\_is attached.

The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0665. A duplicate copy of this sheet is enclosed.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

PERKINS COIE LLP.

Paul T. Parker

Registration No. 38,264

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.